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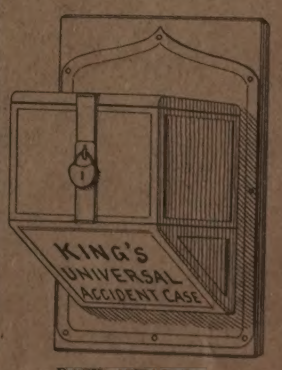

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SOCIETY REPORTS.

NEW YORK COUNTY MEDICAL ASSOCIATION.

(Reported expressly for the Doctors' Weekly.)

The last stated meeting of this Association, preceding its usual summer vacation was held at 12 West 31st street on Monday evening, June 20th ult., beginning at eight o'clock. There was a large attendance and much interest and enthusiasm prevailed. The leading paper of the evening "*Observations on the Hypodermic Use of Gold and Manganese in Tuberculosis, with Report of Cases*," was read by Jno. Blake White, M.D., 1013 Madison avenue. He said that investigations had been made and observations of the results carefully noted for some time before his impressions of the value of this treatment were published. It was found that when these salts were administered internally that a lesser appreciable effect was produced than when given hypodermically, and the reason for this difference may be found in the remark made by Bartholow that the salts of gold are singularly apt to undergo decomposition in the alimentary canal. But there is another reason quite as important to note for the difference in effect of the gold remedies when introduced into the system by the stomach and hypodermically. The glandular system is especially prone to tubercular degeneration and the absorbent system is therefore slow to take up and assimilate any remedy taken into the stomach, but when introduced under the skin, however, it enters the blood immediately in a pure chemical state and is rapidly diffused throughout the body.

The first evidences of tubercular invasion presented to us are an altered condition of the blood with symptoms referable to disturbance of the organs of digestion, and are manifested by absorption of adipose tissue and progressive muscular atrophy. A low degree of vitality supervenes and respiratory vigor is so diminished that accumulation of mucus in the air cells and bronchi is permitted, producing in time inflammation which, with its accompanying conditions establishes a nidus for the generation of inimical bacilli.

Let us bear in mind that the conditions giving rise to phtisis are numerous and diverse. The action of these conditions when traced in the individual may be divided into two-fold causes, described as general and local. In the first, the individual constitution and the function of nutrition and assimilation become primarily involved as already stated. Among the latter or local causes we find the primary seat of the disease to be in the organs of respiration. Certain changes in the epithelium and pulmonary parenchyma lead to retrograde products through which the lymphatic and vascular systems and finally the constitution generally become infected. Among the most important causes affecting the whole system may be mentioned family predisposition, syphilis, fevers, intemperance, insufficient food, deficient ventilation, influences of climate, damp soil, etc.

The relation which pleurisy bears to tubercle has been pretty generally recognized. Anstie in a pointed paragraph asserts "that of the sequelæ of pleurisy one outweighs all others in interest, viz.: tuberculosis." It is now well established that not only pleurisy often occurs in phtisical lung disease, but also that pleurisy itself is capable of originating tubercle even in previously healthy persons. Among others Drs. J. R. Leaming, of New York, and Westbrook, of Brooklyn, lay great stress on this fact.

The greater or less amount of adhesions of the opposed pleural surfaces which follow inflammatory affections of this membrane are exceedingly prone to become permanent. I do not believe that a pronounced pleuritis will subside without leaving obscure lesions which months, and in [illegible] years, wideare of skillful and persistent [illegible] ment can alone relieve. An [illegible]erative course of treatment with frictions of the chest and regular lung exercise will go far toward removing lesions, which, if neglected, would result in much subsequent impairment. The deposition of tubercle is essentially a process arising from blood impoverishment, following faulty nutrition.

Holland in adverting to this disease uses this language, "that it must be fairly admitted that the progress of medical science has affected nothing toward a valid cure, though it is less an approbium upon medicine than at first thought it might appear."

More distinct knowledge that has been acquired of the tubercular diathesis, of the tendency manifested by certain habits and in particular textures to the deposits of the peculiar morbid matter, and of the more especial direction to the lungs, which elicited Louis' assertion, that after fifteen years of age tubercules are never found in any part without being also being present in the lungs, all directly point to a specific constitutional disease for which none other than a specific antidote is likeiy to be of complete or certain avail.

If we have, as my experience leads me strongly to believe, antidotal remedies in the preparation of gold and manganese, we are approaching that much desired stage in the therapeusis of tubarculosis when we can look with greater certainty to masterful aid from medicine in combatting this dread destroyer of human life.

In the incipient stages of pulmonary tuberculosis I have frequently

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seen the injections of gold and manganese promptly reduce fever, diminish the cough and expectoration, check colliquative sweats, improve the appetite, restore physical vigor and increase the body weight. In the majority of cases all these effects follow in rapid succession, *pari passu* with each injection. Had I not frequently seen the results described, follow this treatment, I would feel much more hesitancy than I do in proclaiming the value of this method.

Corroborations of the statements I have just made are constantly reaching me from medical men in various parts of the country who have paid me the honor to test it. Among these I would mention Dr. O. H. Merrill, of Corinna, Maine, and Dr. Sylvester, of Portland, Maine.

Dr. Jas. R. Leaming in adverting to this method of treating tuberculosis, writes, "That the direct treatment in hospitals instead of giving the patient quinine and cod liver oil or sending them away to health resorts to die, is a movement in the right direction. I am glad that you have demonstrated that the injections of the salts of gold in combination act well. I have been satisfied, you know, that the natural method of expanding the lungs and the use of medicine to promote the absorption of the plastic exudates is a certain method of treatment. But we need all the help we can get, and I welcome your method as one superior to Koch's and next to the natural one, and I thank you for demonstrating it to the profession."

The salts of gold not only dissipate plastic exudation but they exert a profound effect upon the functions of organic life, arousing the organs to healthy action and necessarily improving the nutrition.

The precise mode of action of the preparations of gold is not fully determined, but there is good reason to believe that they exert a remarkable influence upon the general nutrition. They appear to manifest their peculiar virtue first upon the circulation; secondly upon the organs of respiration. All authorities concur in stating that when administered in strictly therapeutic doses the gold preparations exhibit rare eutrophic virtues. Some individuals manifest an idiosyncrasy against tolerance of the salts of gold. I have seen the temperature increased by an ordinary dose to 103° and 104° and in some instances fall below the normal grade with chill, which should only enhance a caution in their administration.

As an anti-anaemic, manganese is pre-eminently indicated in tuberculosis. It is an element ever present in the blood as well as in the other fluids and solids of the human body and is certainly better tolerated than iron in those subject to tuberculosis. Authorities are not wanting in praise of this salt especially for its anti-anaemic effects in the cachexia of tubercular subjects. Combined with the chloride of gold and sodium it is especially advantageous in controlling the blood deterioration which so rapidly and perniciously progresses in those subject to Phthisis. In my own experience, the effects obtained have been first exhilerant, followed by an increase in animal heat and vital activity, the pulse becomes more full and active and the respirations deeper and less labored. In aggravated cases of lung disease the temperature is invariably elevated and a decided period of reaction is established. I have noted in some a constriction complained of about the chest, amounting in rare instances to absolute dyspnoea. Sooner or later thereafter follows a period of depression more or less expressed which, however is not of long duration. These are generally succeeded by permanent and invigorating effects, manifested by remarkable increase in appetite and body weight, with marked amelioration of morbid symptoms.

My practice is to begin with two drops of a carefully prepared fluid representing about one twenty-fifth grain of the combined salts of gold and manganese, administered with a few minims of a one per cent solution of Carbolic Acid. The injections are best made in the dorso-lumbar region where the cellular tissue is abundant and where there is greater latitude for absorption. The author reported several cases illustrating his treatment. The paper was discussed by Drs. J. R. MacGregor, J. H. Tyndale and others.

NOTES ON CONSERVATIVE OBSTETRICS, WITH EXHIBITION OF NEW INSTRUMENTS.

Dr. T. J. McGillicuddy, of Madison avenue, read a paper with this title. He spoke of *conservative* in contra-distriction to *destructive* midwifery, and said that a large proportion of still births which were so exceedingly common was the result of meddlesome interference followed by bungling operations by [redacted] often ignorant of [redacted] of scientific obstetrics, and [redacted] their operations were frequently fatal to both mother and child. With the instruments which he had invented we could certainly do away with craniotomy in the, living, viable child and leave only to be considered cæsarian section and Porro's operation. He did not intend to discuss cæsarian section and craniotomy, but simply to give the details of two cases and leave those present to draw their own conclusions. The first case had all her first three children embryotomized, the fourth weighing 11¾ pounds, was delivered all right without a mark by his axistraction forceps. This patient had been in hard labor without the head advancing for 24 hours before the instruments were applied. In the second case the patient was sent to the Mothers Home Maternity to submit to craniotomy, having been in labor nearly a week; the child was delivered safely by his anticraniotomy forceps and both mother and child suffered no inconvenience. In the article reported by Hanau in Fortschritt des Medicins for June, 1892, the bones of 20 cases of pregnancy were found soft, filled with connective tissue and could be easily cut but not as soft as in osteomalacia and it was well known the articulations separated and the ligaments became elastic.

The advantages claimed for the axistraction forceps were simplicity, that with its use axistraction at the superior strait was perfect, that with it one had plenty of power and perfect control. That it was easy of application, and in its dual character it has all the advantage of axistraction and the ordinary forceps, and saves the expense of buying two instruments where one will do. In speaking of the anticraniotomy forceps he said the whole upper segment of the infantile brain was relatively its non-vital part and will stand very considerable compression without danger while the basal region was the vital portion which nature has so wisely protected by making it incompressible. Many cases were recorded of depressive indentations and even fractures of the arch of the infantile cranium with rapid and complete recovery. This instrument was an effectual tractor; it made moderate transient compression of the flexible infantile cranium in its upper portion while it did not press too strongly on the child's neck with its tips. Thus it gives the child a chance for its life while it minimizes the risk to the mother, etc. The description of the instruments was taken from the Journal of the American Medical Association.

Dr. Leischman and Dr. Bauer believed with many others that a large proportion of the unfortunate results depended on improper instruments and especially in the use of such as are deficient in power.

Dr. McGillicuddy's paper was discussed by Drs. Geo. T. Harrison, C. A. Von Ramdohr, Robt. Bell and others.

Dr. McGillicuddy in closing the discussion said that he distinctly stated in his paper that he did not intend to discuss caesarian section or craniotomy and that religion had nothing whatever to do with the paper, which was simply the result of scientific investigation. The doctor said he had not waited long enough before applying the forceps. In the first case he had waited 24 hours without any advance, while the woman was all this time in hard labor, and in the second the woman had been in labor for a week. Eminent authorities like Tait, Samuel C. Busey, and William H. Warthen said that craniotomy on the living child was not justifiable. It was an operation championed by ignorance and practised with seeming brutality years ago when men in England performed their 40 and 50 craniotomies, but things are changed. Caesarian section was the simplest of all abdominal operations. It was simply to make an incision under aseptic precautions, remove the child and put in the stitches. He would ask the doctor where he got the right to perform craniotomy. His diploma did not give it to him and speaking of religion what did the Bible say; did it say thou shalt kill? It was from a careful study of the obstetrical societies of Glasgow and Edinburg that he obtained much of his information. Men who had the greatest experience did not perform or believe in the operation of craniotomy.

Drs. T. H. Manley and Jno. G. Truax made a verbal report of the action of the American Medical Association in regard to the case of Dr. Potter, of Buffalo. On motion they were requested to reduce their report to writing and have same printed in the DOCTOR'S WEEKLY and sent to every physician in the State of New York so that the entire profession of the State may have an intelligent understanding of the relations of the American Medical Association to State organizations.

The following physicians were duly elected to membership in the association:

F. M. Banta, 50 Jane st.; A. Baron, 326 E. 78th st.; C. Bartels, 226 E. 114th st.; J. Bates, 440 W. 23rd st.; J. W. Brennan, 143 Lexington ave.; S. Brothers, 93 Madison st.; G. Cherry, 59 Gouverneur st.; J. H. Coughlin, 296 Broadway; A. E. Covert, W. 131st st.; F. H. Daniels, 126 W. 126th st.; J. E. Dearden, 221 E. 87th st.; F. L. Donlon, 767 E. 134th st.; H. P. Fales, 331 Willis ave., W. F. Farrell. 63 Mott st.; J. S. Geary. 609 E. 5th st.; M. Gerber, 249 E. 105th st.; S. Goldstein, 1907 Madison ave.; J. A. Gottlieb, 338 E. 116th st.; G. J. Gorman, 467 W. 23d st; W. C. Guth, 253 E. 71st st.; G. F. Hanker, 214 E. 34th st.; H. B. Jones, 91 Madison st.; E. C. Kroos, 179 Second ave.; T. A. McNicholl, 213 E. 112th st.; J. S. J. Manning, 75 Madison st.; H. F. Mayer, 240 E. 105th st.; A. A. Molony, 262 W. 42nd st.; M. F. Moloney, 173 E. 90th st.; C. J. Musgrave, 65 Monroe st.; S. J. O'Neil, 249 E. 86th st.; F. C. Robinson. 221 W. 11th st.; L. Rosenberg, 210 E. 112th st.; A. Rosenthal. 325 E. 84th st.; B. Scheinkman, 61 Mott st.; A. Schrenk, 112 Forsyth st.; A. McC. Scully, 157 E. 39th st.; J. A. Shears, 319 W. 37th st.; J. E. Shrady, 149 W. 126th st.; O. J. Ward, 272 E. Broadway; F. M. Warner, 66 W. 56th st.; P. F. Whalen, 22 Henry st.; O. A. White, 1011 Madison ave.

At 11 o'clock the Association adjourned for three months. The next meeting will be held on the third Monday in October. After adjournment there was the usual collation.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON GENERAL SURGERY, MONDAY EVENING, JUNE 13, 1892.

(*Reported expressly for the Doctors' Weekly.*)

Dr. C. W. Beck presented a patient upon whom he had performed primary resection of gangrenous intestine, due to incarcerated ventral hernia.

Dr. Beck also presented a patient upon whom he had operated for the removal of sebaceous cysts of the head by a new method. Instead of laying open the cyst by an incision, a sharp-pointed bistoury is introduced, making a hole large enough to admit a probe. By means of this probe the adhesions are loosened, and then the contents of the cyst are squeezed out through the small opening and the cavity irrigated. The advantages claimed over the old method are (1) it is not necessary to introduce any stitches; (2) it leaves no scar; (3) recovery takes place in from two to four days.

ON THE MECHANICAL TREATMENT OF UNUNITED FRACTURE OF THE NECK OF THE FEMUR, WITH TRACTION APPARATUS AND DIRECT LATERAL PRESSURE OVER THE TROCHANTER MAJOR.

Dr. Newton M. Shaffer read a paper with this title. In his paper Dr. Shaffer gave the history of a case of

fracture of the neck of the femur, which had failed to unite at the end of ten weeks. The man refused to undergo a surgical operation and was sent to Dr. Shaffer for treatment. Examination showed that the thigh and leg were in the characteristic position of fracture of the neck of the femur. There was two and three-quarter inches shortening. Treatment was commenced twelve weeks after the fracture occurred. Direct traction was obtained by means of a long splint, and the limb was abducted about twenty-five degrees. A girth or surcingle, about four inches wide, was then passed around the pelvis, with an oval, horsehair pad attached to its inner surface which pad was placed directly over the trochanter major. This surcingle was firmly buckled to keep it in position, and in addition a band was passed around it, with a tourniquet by means of which the pressure upon the pad over the trochanter could be increased at will. The entire limb was placed in an inclined position of about 160 degrees. The pressure about the pelvis did not impede the circulation nor give rise to any trouble. One objection that arose was that the knee had already been immobilized for about ten weeks, and that further immobilization might give rise to serious anchylosis. To obviate this, a special apparatus was afterwards devised, which acted as a long splint, and at the same time, by means of a spring, and without interfering with the upper portion of the splint, the lower portion could be loosened sufficiently to allow the knee joint to be moved. This apparatus was devi ed by Dr. Shaffer and exhibited by him to the members of the Section. In this case the treatment was continued for about six months, and the man made a perfect recovery. At present he hunts, walks long distances, plays tennis, etc.

In a second case narrated by Dr. Shaffer, a woman with fracture of the neck of the femur, the same course of treatment was followed, but the patient failed to persist in it and the result was not so good.

Dr. V. P. Gibney congratulated Dr. Shaffer upon the result he had obtained in his first case. He has at present one case under observation, where the bones failed to unite after eleven or twelve months, to which he is applying a similar course of treatment and he feels confident that a good result will follow.

Dr. Reginald Sayre said he was very glad to have had the opportunity to listen to Dr. Shaffer's paper. There is no reason why we should not treat fractures of the neck of the femur as we treat fractures elsewhere. There should be coaptation of the fragments, as nearly as possible, and then fixation. The splint shown by Dr. Shaffer was an excellent one for the purpose. As regards immobilizing a joint for a long time, Dr. Sayre said it is denied by some that there is any danger of anchylosis: he has, however, seen serious stiffness follow even a few weeks of rest.

Dr. Willy Meyer said that in the case recited by Dr. Shaffer, union perhaps took place on account of the continual slight rubbing together of the two fragments, thus setting up an irritation. After a long period of non-union, he would favor laying open the joint and resorting to one of the ordinary surgical methods pursued in such cases, such as driving in a screw or nail, or using ivory pegs.

Dr. J D. Bryant said he was much interested in Dr. Shaffer's paper, particularly as he was familiar, to a certain extent, with the first case. There is no question that the first thing to do in these cases is to adjust the fragments; the next thing is to hold them in position. Dr. Bryant said he thought the fragments were brought into apposition by the extension, and that by abduction they were tipped on each other.

The discussion was then closed by Dr. Shaffer.

FURTHER EXPERIENCE IN THE TREATMENT OF INOPERABLE CARCINOMA OF THE UTERUS WITH PYOKTANIN INJECTIONS, by Dr. H. J. Boldt. Dr. Boldt said that he is at present treating thirteen cases of carcinoma of the uterus by means of pyoktanin injections. These cases are absolutely beyond radical treatment by means of hysterectomy. The parovarium is infiltrated, and in six of the cases the vagina is involved. In one case the disease has extended to the bladder. In treating these cases, the uterus is first thoroughly curetted and packed with iodoform gauze. The gauze is removed after forty-eight hours. The 1-100 solution of pyoktanin he formerly employed was found too painful, and sometimes produced points of suppuration and he now uses a 1-300 solution.

In only two af the thirteen cases did the disease progress; in the others it remained stationary. He has not observed the retrogressive process described by some writers following the use of the drug.

Dr. Willy Meyer said that his experience with pyoktanin in inoperative cases of carcinoma has been that the first and immediate results of the use of the drug are simply marvellous. He has employed it in carcinoma of the breast and other regions of the body. As soon as the use of the drug is discontinued the growth increases rapidly and the patients die in a far shorter time than if they had received no treatment at all.

Dr. Beck said he first saw the injections of pykotanin used in Vienna. In two cases of carcinoma that have come under his observation—one of the uterus and one of the female breast—there was undoubted evidence that the patients were greatly benefitted by this method of treatment.

Dr. Bryant inquired if Dr. Boldt had noticed the same rapid deterioration as Dr. Meyer, after the use of the drug had been stopped.

Dr. Boldt replied that so far he has not had an opportunity to judge, as he has kept the patients constantly under treatment.

The next meeting of the Section will be held in October.

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AMERICAN ASSOCIATION OF ANDROLOGY AND SYPHILOLOGY.

The Sixth Annual Meeting of this Association was held at the Spring House, Richfield Springs, N. Y., on June 21 and 22, 1892. Many valuable scientific papers were read. Among those present were Drs. W. K. Otis, Samuel Alexander, Robert W. Taylor, F. Tilden Brown, John A. Fordyce, Edward L. Keyes, L. Bolton Bangs, P. A. Morrow and F. R. Sturgis, of New York; Dr. Arthur T. Cabot, of Boston; Dr. Edward R. Palmer, of Louisville; Dr. John P. Bryson, of St. Louis; Dr. George Chismore, of San Francisco; Dr. William N. Wishard, of Indianapolis; Dr. Roswell Park, of Buffalo; Dr. W. Frank Glenn, of Nashville; Dr. James Bell, of Montreal, and Dr. W. H. Davis, of Denver. The following officers were elected for the ensuing year: President, Dr. Edward R. Palmer, of Louisville; Vice-President, Dr. L. Bolton Bangs, of New York; Secretary, Dr. John A. Fordyce, of New York. It was decided to change the name of the association to The American Association of Genito-Urinary Surgeons. The next meeting of the Association will be held at Cumberland Gap, in June, 1893.

A CONTRIBUTION TO THE PHYSIOLOGY OF SEXUAL IMPOTENCE.—This was the title of a paper read by Dr. Edward R. Palmer, of Louisville, Ky.

By healthy sexual living, Dr. Palmer said, he means the legitimate pleasurable performance of the sexual act at proper intervals through life by both sexes, without impairment of health, and over a maximum period of time, as time is measured by human life. The subject can be divided into two sections: 1st, Physiological impotence of the male without any regard to sterility; and 2d, physiological impotence of the female with a like disregard of her procreative powers, avoiding, as far as possible, all of the many pathological influences and effects that are recognized by the profession as factors in this connection.

Of the male human being, it may be said that he begins sexual life as a masturbator. Given a youth of approaching maturity, he has learned the evils of his way, and he comes to the doctor for aid. He suffers from nocturnal pollutions, and having read what he could find on the subject, he realizes what he deems the fearful error of his past life. It is not alone from the pamphlet of the catch-penny quack, but from the teaching of the regular profession as well, that he gets at least a part of the groundwork of his dispair. To say to such a youth that in absolute continence, sedatives, circumcision and the cold sound lie his only hope, is, it seemed to Dr. Palmer, at variance with nature and in conflict with science. The effects of self-abuse have not only been wrongly estimated, but unwisely exaggerated. What is the impotence of youth for which we are so often consulted? Wherein lies the fault? The fault rests largely in the common misconception with which the emission of semen is viewed by nearly everyone, the medical profession included. The youth is taught that semen is a marvellous product, a thousand fold more precious than even blood itself. That such should not only be a popular doctrine, but should secure the tacit endorsement of our profession, the speaker said he considered an egregious error, and a blunder unwarranted either by analogy or by fact. We see its teachings evidenced not only in the melancholy youth, but in the adult of middle life, who not only exercises his will power to economize his stock, but bemoans the involuntary nocturnal pollution that results, as another precious charge futilely expended from his rapidly depleting magazine of pleasure. What evidence have we either by analogy or by clinical fact that in the regular use of the testicles, they, like glands and organs generally, are not developed and strengthened rather than weakened and exhausted? May we not say, rather, that within reasonable bounds a natural, regular and frequent use of the sexual organs, tends to an increase of their power, and, accepting the fact of occasional instances of over-tax, at the same time should we not equally recognize the hurtful influences of irregular use and continence in many cases of failure sexually, rather than to attribute all such failures to a worn out condition of the sexual apparatus. Want of use or unphysiological irregularity in that direction explains in a large degree that impotence of youth that other men from a different standpoint are prone to moralize about. The impotence of youth is the impotence of inexperience, rather than incapacity. He tries and fails not because of any previous exhaustion of his powers, but because of their imperfect development and training. To such an abashed youth, depressed by his involuntary pollutions, and in despair of his manhood, Dr. Palmer said he would speak after this fashion: "My dear boy, you have not lost your manhood—you rather have not found it. Your failure is the natural failure of the novice. One must learn to properly use and develop his physical powers sexually just as his other powers have been exercised and developed. You were a toddling infant once, now you possess the graces of Delsarte. Be patient, and above all, be not afraid, and in due time all will be well with you. Marry if you so desire; better to marry than to burn."

Turning from the physiological impotence of the male youth, we are confronted with the question of sexual failure in the otherwise healthy man in the prime of life: the man who, between 40 and 50, seeks our advise for the relief of failing or lost virility. There again is to be met and combatted the common explanation, "you are reaping the fruits of self-abuse or the excesses of your early life, you have by one or both of these means worn out your precious powers, and there is no hope for you. "Yet, in spite of such doctrine, no commoner instances of early loss of virility can anywhere be found than in the ranks of those very men who not only were not addicted to excessive self-abuse in boyhood, and who have not been libertines in later years, but who, instead, justly enjoy in the community in which they live, the reputation of being moral, orderly family men. In such cases, several causes other than exhaustion may be

recognized. First, there is the not inconsiderable group represented by the man not passionate by nature, who has never exercised his sexuall powers when he could help it, and then only in a perfunctory way. His feeble physical development sexually is father to his premature decay. Another class contains those who recognizing the somewhat waning of their powers begin assidulously to practise economy in that direction, hoping to conserve, where in reality they by continence destroy. Still another class of healthy middle aged impotents is represented by the man who is absorbed in business cares and worries. He feels that he is no longer a boy; life has become to him a solid reality, and so, whether weary from coupon cutting or worn out from futile efforts at kiting accommodation paper, he feels anything but kittenish when bed time comes.

Recognizing the high order of office allotted to the seminiferous organs, and the subsequent complex nervous relationship that they possess, Dr. Palmer said he maintains that continence means atrophy; that disuse means decay, and that the influence of persistent continence upon the individual, whether male or female, is to dwarf and in many respects destroy the breadth and fullness of physical and intellectual individuality. Some one has said that normal decay of vitality is reached in the male at the age of 65. Individual instances of virility at four score years or more abound.

The object of this paper is a plea for more healthy sexual living, and to make it plain, the study of the maid, wife and mother, from the standpoint of physiological impotence is essential. The ideal young woman is almost necessarily impotent. From time immemorial the prerequisites in her moral and social qualifications have been modesty and chastity. Those lapses from absolutely virtuous living that in the male are condoned as charming little irregularities, when indulged in on her part invariably call down upon her luckless personality a damnation worse than death, at the same time often barring her from her highest mission—maternity. That a universal law acting through the ages calling for unquestioned chastity in the maid and mother should have had its effect in a large proportion of the sex in modifying the sexual organs and desires, is not surprising; that it has not absolutely extirpated feminine sensuality is perhaps more surprising. She is in absolute ignorance personally of that passion that more than all other things combined, has fostered the finer arts, or pitted man against man in deadly strife. With a cool, contracted osteum vaginæ, deep sunken beneath the symphysis, with pale, thin labiæ, and a clitoris scarcely discernable by the most erudite touch, she represents the embodiment of the social ideal, whose happiness throughout life, at best of a negative type, is endangered only by finding out her physical shortcoming, and vainly striving toward its correction. This, however, is but an extreme ideal type; the opposite extreme is also to be found, environed by danger that only too often bears most bitter fruits.

The sexual phase of sociology in its evolution has drifted the sexes widely apart. In a typical male, physical excitation is no longer an essentiality. A thought, a passing phantasy, suffices to give full play to his sexual powers, while with the average female not only is contact necessary, but a retardation of response and a limited area of receptive excitability is the rule. That in the wild state of vertebrates all of the tangible sexual organs, and notably the vaginal tract act responsively to masculine contact during congress is evident, while the insensitive labiæ, vagina and uterus of the average human female leave but the clitoris, in its out of the way location, as an organ of possible excitation.

In conclusion, Dr. Palmer said that the primarily ruling causes in sexual impotency and incompatibility to-day are evolutional in their nature. That in the average being, the influence of heredity acting through the ages, has made man abnormally and perversely sensual, and woman sluggish to a degree little short of absolute incapacity. That in this, as in others of the physical errors of our inheritances, the skill of science may and should be invoked for the common good, and that necessarily it is through the male alone that such teachings may be brought to bear, as shall correct this congenital disparity.

ORIGINAL ARTICLES.

REMOVAL OF VERMIFORM APPENDIX.

BY S. M. DAVEGA, M.D., CHESTER, S. C.

On March 21, 1892, was called to see Mrs. R. H. Cousar, [illegible] found suffering considerable abdominal pain. There was no nausea or vomiting, but a history of constipation. She was given a large enema, turpentine stupes applied, and morphia and atropia administered hypodermically. Her pains were promptly relieved but the next day she complained of a general soreness over the abdomen. Temperature and pulse normal. I ordered four ½ grain calomel triturates to be given at once to be followed in two hours with magnesia sul. 3 ii in ½ glass hot water. This moved the bowels thoroughly and all the soreness passed away. Nothing more was heard from Mrs. C. until the night of April 19th, when I was again called to see her. This time I found her suffering intensely. The pain came on suddenly with nausea and vomiting. Temperature normal, pulse 100. I gave her morphia and atropia, used large enemata, applied hot stupes, all of which failed to give relief and I was finally compelled to administer chloroform. After spending several hours with my patient I went home leaving her fairly comfortable. April 20th, 9 a. m., I visited her again, finding the abdomen somewhat distended and tender. Tenderness most marked in right iliac region, especially at a point about two inches from iliac spine on a line to umbilicus, a point which Dr. McBurney of New York places much stress upon. During the night there was nausea vomiting and heavy sweats. Temperature 99½, pulse 120. I made a very careful examination of the abdomen and no tumor could be found, but on making pressure over right iliac fossa I detected a marked feeling of resistance. Rectal examination revealed nothing and I don't think is ever of any diagnostic value unless there is a large abcess which has dissected its way down to rectum. My diagnosis was appendicitis and I so informed the husband at the same time telling him that a timely operation would most likely be necessary.

There was no vomiting after 9 a. m. on the 20th, neither was there any acute pain, although the hot stupes and occasional doses of morphia were kept up until the morning of the 22d when she complained of slight chilliness, accompanied by a sudden rise in temperature from 99½ to 101, pulse 140. At this time her face had a dusky tired look, breathing much accelerated and abdomen more distended. This sudden change in the symptoms warned me that either suppuration had begun or that there was more intense inflammation which in a few hours would terminate in suppuration and possibly perforation. I notified the family that an operation should be made at once.

Dr. D. Marion who assisted in the operation was called in. He con firmed my diagnosis and sanctioned an early operation. Ether being administered the abdomen was thoroughly washed with soap and water, next with ether and finally with a bichloride solution. After this the entire surface was covered with antiseptic towels except site of incision. An incision five inches long, one and a half inches from anterior iliac spine was made down to peritoneum. After all oozing was checked the peritoneum was nicked and divided with scissors using two fingers for director. Having found the appendix it was separated from its attachments, cat gut ligature applied, and removed. The cavity was carefully cleansed with sponges and wound closed with fine silver sutures except at lower angle where it was packed with Iodoform gauze. On the second day the gauze was removed and replaced by rubber drainage tube. The usual dry antiseptic dressings were applied and retained by flannel binder. Fresh dressings were applied every third day. About 18 hours after operation there was a temperature of 103 with pulse 150. Digitalis in ten drop doses was given every three hours together with supositoris quinia bisul. twenty grains each every 4 hours. The temperature and pulse responded promptly to above treatment and after being confined to her bed for 28 days my patient is now walking about the house once more a bright and happy mother.

A CASE OF OBSTRUCTION OF THE SUPERIOR VENA CAVA.

On October 11, 1891, an apparently healthy man, forty-five years of age, was admitted to the surgical ward of the City Hospital, complaining of a sense of pain and weight in the neck, and a feeling of fullness over and between the orbits on assuming a stooping posture, which he attributed to a blow on the occiput received a month previous.

On examination, a point in his skull was found somewhat depressed, but no symptom whatever of compression was present; and if there was at this time any interference in the circulation, it was so slight as to be overlooked. He was thought to be feigning sickness, and was consequently discharged by the visiting staff officer.

On November 27, 1891, this being about a month after his discharge, he was readmitted to the hospital, when there was a decided cyanotic condition of the upper extremities. The external jugular vein on each side was very much dilated, but nonpulsating. As this condition grew worse, the subclavian vein became similarly involved. His neck gradually became larger, as did also his arms and hands, both being decidedly cyanosed, but not œdematous.

The lower extremities were never affected. The patient has grown gradually weaker, suffering more or less from insomnia, with considerable cough and impaired digestion. His principal symptom, however, was a feeling of dizziness upon stooping or on muscular exertion, or, as described by the patient, as a feeling as if there was a rush of blood to the front of his head which caused a dizziness and partial blindness.

The previous history of the patient is good, having always been a stout, healthy man, accustomed to leading an active life. He had an attack of pleurisy on the left side, for which he was aspirated in December, 1890. Outside of this and the blow on the head, he gave no other history, having no specific history.

On physical examination, the apex beat of the heart was found displaced to the left and downward somewhat, the impulse having a heaving character. There was no heart murmur. The pulse was full and strong. The lungs showed no abnormity. The cause of the obstruction is very obscure. No pulsation could be detected by pressure between the intercostal spaces to indicate an aortic aneurysm, and there was no bruit discernible by the use of the stethoscope. There was no pain or sense of constriction in the chest or elevation of temperature to indicate a mediastinal tumor of some other character, nor was there any dullness on percussion over the region of the superior vena cava.

The attack of pleurisy, which occurred on the left side, could hardly be considered as a cause for this disturbance on the right side. The condition could be brought about by a vaso-motor disturbance, although such a disturbance is usually more general. By the exclusion of these probable causes and by the progressiveness of the case, it leaves a thrombosis of the superior vena cava as the most likely cause. The patient was on no medicinal treatment until December 23, 1891, when he was put on full doses of bromide of potassium until symptoms of bromism were produced. There was from this on an apparent improvement in his condition for several days, his neck becoming smaller, as also the varicosities, while the cyanotic condition almost entirely disappeared.

When the effect of the bromide had worn off, however, the same conditions were again present, and they have grown gradually worse until at present the least exertion causes a blueness of almost the entire face. For the past two weeks there has been an overflow of the blood of the upper extremities, evidenced by a varicose condition of the superficial veins of the abdomen, with the flow of blood toward the lower extremities (Dr. A. O. Pfingst, in *N. Y. Med. Jour.*)

TREPHINING FOR PARALYSIS OF THE THIRD NERVE.

October, 1889, Michael Griffin, aged 38, a blacksmith in R. R. shops, was injured, a hammer flying off the handle in the hands of one of his helpers; the hammer weighed three pounds, the distance projected about four feet. The blow was received about the centre of the right half of the frontal bone.

The immediate result of the blow was to cause falling upon the face and unconsciousness for half an hour. The man returned to work in a few days, but he was obliged to give up. He was sent to St. Vincent's Hospital under charge of the company's surgeon, where he remained a few weeks, suffering intense pain in frontal region; the right eye began to bulge outward, the lid could no longer be uplifted, and delusions of sight and hearing rendered him mildly insane, of melancholic type.

During the following February, 1890, he applied to Dr. J. L. Thompson, the well-known oculist, for advice. Dr. T., recognizing complete paralysis of the third nerve resulting from traumatism, and seeing the man's pitiful mental condition, sent him to me. I advised trephining for exploration, as a last resort, and on April 3, 1890, the operation was performed. My desire was to enter the brain on a level with the base of the right frontal lobe where it rests on the orbital plate.

An incision was made over the centre of the frontal bone, drawn down to the glabella, thence through the brow to the patient's right. This triangular flap being lifted, a one-inch trephine was used, the lower and outer edge of the saw resting on the supercillary notch.

When the button was removed which opened up the frontal sinus, there was a decided odor of ozæna, and the whole mucous membrane was of greenish blue color. Continuing with a half-inch trephine through the posterior wall of the sinus, the lower edge of the opening was just on a level with the orbital plate; the dura was slit transversely and lifted, showing a fracture line in the plate. There were evidences of thickening of the dura with slight exudation of jelly-like plasma under it. A probe was passed two and a half inches along the surface of the plate in the line of fracture without finding any loose, bone which I expected would be the anterior clinoid process or near it. The brain did not appear unnatural in color or in motion. No evidence of tumor or abscess presented; but, to make sure, I passed a three and a half inch aspirating needle upward through the first convolution, about the coronal suture; then lower down and outward through the second (pointing to centre of the temporal bone). Another thrust of the needle through the third convolution, on a plane half inch above the orbital plate, but neither pus nor bone spicula was found. After washing thoroughly, made a free opening at the inner and lower angle of the sinus, or rather enlarged the natural one, giving a free drainage through the nose. I did not replace the button of bone—I never do where it is so small—but closed the flap down, holding it with three interrupted sutures in the brow and adhesive plaster across the forehead; then, with compress and bandage, hermetically sealing the opening.

The patient took less than one fluid drachm of chloroform, and that just before the incision was made. While arresting the hemorrhage and applying cocaine to the edges of the flap, he asked me not to give him any more chloroform. During the remainder of the operation he talked to me, feeling no pain during the trephining; but in scraping the diseased membrane of the sinus there were painful sensations to the teeth and forehead (from the branches of the fifth) and stinging sensation in the nose. The passage of the aspiration needle into the convolutions of the frontal lobe caused no sensation, except the second thrust, the needle (being three and a quarter inches, pointing to the centre of the temporal bone) caused sensations of twitching of the fingers on the left hand.

The patient sat up the following, day and was able to go to his home the third day; for ten or twelve days a profuse discharge of mucus and blood came from the nose.

The patient lost at once the intense headache that made him walk the floor almost constantly and prevented sleep, except when taking large doses of morphia. His melancholy departed during the operation; he became even cheerful and jocose at the final stitch. His eyeball resumed its normal place in the orbit, and in a week could be moved inward. I three months I sent him to the oculist, who wrote me the following note:

INDIANAPOLIS, August 3, 1890.

W. B. FLETCHER, M. D.

Dear Doctor:—I have just now most throughly examined Michael Griffin, whom you trephined some weeks ago for paralysis of the third pair of nerves. I am really astonished at the result. When I examined him before the operation he had all of the symptoms of complete paralytic ptosis; the eye turned out, down, and was more protruded than the other, and had a largely dilated pupil. His vision at that time was $\frac{20}{\text{c.c.}}$, and he had much heavy distress on that side of the head. Now his upper lid moves as easily as the other, and the eyeball moves readily in every direction. The pupil, however, is just the least particle larger than the left eye and does not respond to light as readily quite as the left—

$$V.=\frac{10}{\text{c.c.}}\text{right};\ \frac{20}{\text{x x x}}\text{left.}$$

I notice that the right optic disc is whiter than the left, and there are not so many nutrient vessels on it, which shows the effect of the long-continued pressure upon it.

When I say that I am astonished at the result, I mean that I could hardly have expected such a result from the operation of trephining, as I feared that one could not reach far enough into the brain by operative procedure to effect anything in the region of the third pair. The operation was remarkable. J. L. THOMPSON.

It is now nearly two years since the operation, and the patient is as well as ever; there is no mark by which one could detect an operation had been performed.

I am induced to publish this case because I find no other instances of trephining for paralysis of the third nerve. My exploratory opening showed what I did not anticipate, viz., diseased sinus. I found a fracture, and results of exudation and inflammation, but neither dead bone nor abscess. Just what took the pressure or irritation off the nerve I do not know. If the sinus was diseased from the blow, or the paralysis of the third nerve resulted from the diseased sinus, one cannot tell. These matters are at least food for thought, particularly to the ophthalmologist and alienist.—(Dr. W. B. Fletcher, in *Jour. of Nerv. and Men. Dis.*)

THE TREATMENT OF CYSTITIS.

In an article upon cystitis in the *Atlanta Med. and Sur. Jour.*, March, 1892, Dr. Murphey, of Atlanta, writes: In the treatment of cystitis, the measure of the first and greatest importance is absolute rest. The rest should be in bed, with hips slightly raised, in order that pressure may be taken off the neck of the bladder. Constitutional treatmant consists in regulating the character of the urine, so that it shall be unirritating to the diseased bladder.

To render the urine less irritating give alkaline diuretics demulcent drinks, etc. Citrate of potash is one of the most valuable alkaline diuretics and is often advantageously combined with buchu, uva ursi, triticum repens.

Opium should be used to allay pain, lessen excitability and relieve spasmodic action. I usually prefer suppositories of opium and belladonna, but if the spasm alone is causing the pain belladonna alone will relieve it, which is preferable. Poultices over the hypogastrium and perineum or hip-baths are useful. The bowels should be kept regular and free in order to secure free action of the portal circulation and prevent straining at stool. Free action of the skin and bowels relieves the taxed kidneys and bladder, giving them less to do. Saline purgatives are better suited for this purpose. Sulphate of magnesia or a glass of a laxative mineral water before breakfast usually acts nicely. Digestion should be watched with care; in fact, I have found cases that could not be relieved until the state of the digestion was improved.

The diet is an important factor that should not be overlooked; irritating articles of food should not be allowed, spirits, alcohol in all forms must not be allowed; coffee and tea should not be allowed. Nothing should be taken that disagrees in the least with digestion.

In a mild case of cystitis, I do not adhere strictly to all of the rules laid down here, but let the patient continue at business if desired, and by proper care and treatment he may be relieved in a short time. For example, if the urine is too acid or too alkaline; it acts sometimes like a foreign body; it irritates, and the bladder will make efforts to expel it. Deposits of any urinary solids in the viscus are likely to produce an irritable condition. Such cases being of a mild form can readily be relieved if not allowed to stand too long.

In advanced stages of cystitis local treatment can be employed advantageously, by washing out the bladder carefully with medicated injections.

"I SUPPOSE the baby is a delicate pink—eh, Bronson?"

"No, he,s a robust yeller,,' replied the proud and sleepy father.

THE MOON AND MADNESS.

The relation of the moon to insanity is thus referred to by Griesinger, in his well-known work upon Mental Pathology and Therapeutics:

With regard to the influence of the moon, if not on the origin, at least in aggravating and modifying insanity in its course. This influence is denied by the great majority of medical psychologists, and that pathology is derided which, for example, would ascribe the periodical attacks of mania to the influence of the stars, because they coincide with certain regular changes in the heavens. Because of this the influence of the moon's light upon the insane should not be denied, for even in healthy persons, the light of the moon can peculiarly affect the course of the thoughts, give rise, for example, to ardent elegiac ideas, readily disposing to sentimental poetry. In the insane, who are more powerfully and differently affected than the healthy by various sensible impressions, this may, with the absence of sleep, the view of the full and brilliant moon, the uncertain light, the fleeting shadows of the clouds, combined with the stillness of the night, or the conconfused murmurs which then float through the asylum, indeed create still greater impressions, more violent emotions, various hallucinations, etc. Esquirol prevented the agitation which was regularly remarked in several patients at the time of full moon by hanging curtains at the windows.

"WHAT do you mean by disturbing me at this hour of the night!" said an Austin doctor angrily to a darky who woke him up at three o'clock in the morning."

"I jess allowed, boss, dat yer were so busy yer didn't hab time ter tend ter poor folks in de day time, so I 'lowed I'd jess drap in after supper." —*Texas Sifting*

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June 11, 1891.

"I still give PLATT'S CHLORIDES the preference as a deodorizer and disinfectant."

JOSEPH W. HAYWARD, M. D,

* * *

"I have used PLATT'S CHLORIDES for so long a time, that I have forgotten my earliest use of the preparation, and each time with *renewed* confidence in its merits. It is indispensable in the sick-room and without a rival."

OLIVER P. REX, M. D.

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It's a hard matter to decide where to place your order, but, if you will let us know your requirements, we can give you a few points. We are the oldest established house in the trade, therefore have had the experience, and will give you the benefit of it. We are the largest house in the world devoted exclusively to the manufacture of **ELECTRICAL INSTRUMENTS** for medical and surgical use, and carry the largest assortment to select from.

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OBITUARY.

Dr. William B. Caldwell, one of the oldest practitioners of medicine and one of the best known men in Kentucky, died at his home in Louisville, May 19th, aged 74.

At her residence, 260 Grand avenue, Brooklyn, N. Y., on Saturday, June 25th, Esther M. Lake, only daughter of the late Dr. and Mrs. Z. Duggan, and sister of Dr. James A. Duggan.

Dr. Tobias G. Richardson, of New Orleans, La., ex-President of American Medical Association, died in that city on May 26th. He was born in Lexington, Ky., in 1827 and was graduated from the University of Louisville in 1849. In 1856 he was elected to a professorship in the Jefferson Medical College in Philadelphia, from which he resigned in 1858. He was quite prominent as a Confederate surgeon in the late war, and just after the battle of Chickamauga he distinguished himself by doing the hip-joint operation upon General Hood.

Dr. Herbert Fearn, fifty-eight years old, of No. 196 Clermont avenue, Brooklyn, died on Saturday, June 25, of fatty degeneration of the heart. Dr. Fearn, who was born in England, came to America when he was eight years old. He was graduated from the New York University Medical College and had been in active practice nearly thirty-five years. He was a member of the Kings County Medical Association and the Brooklyn Pathologieal Society. Dr. Fearn, several years ago, took an active part in the work of the Central Taxpayers' Association in trying to reform abuses in the city government. He was a widower.

Dr. Joseph Hoffman was found dead in bed last Friday morning, June 17th, at his home in Mamaroneck, N. Y. He had died of apoplexy during the night. Dr. Hoffman was born in Lebanon, N. J., in 1823, and studied medicine in Philadelphia. He practised for two years at White House, N. J., but removed to Mamaroneck forty-one years ago, where he practised constantly until his death. In 1851 he married Miss Susan Whittlesey, of Clinton, Conn. Dr. Hoffman was well known all over the eastern portion of Westchester County and for years had been medical examiner for the Mutual and New York Life Insurance Companies and the Royal Arcanum.

PERSONAL.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPIATL.—The Trustees of this institution recently elected Dr. Willy Meyer Professor of Surgery.

DR. F. X. DERCUM has been recently elected to the Chair of Nervous Diseases in the Jefferson Medical College of Philadelphia. This is a most excellent appointment, as Dr. Dercum is widely known as an able pathologist, a forcible writer and a splendid clinician.

MARRIAGES.

On Saturday, June 18th, at the residence of his bride, in this city, by the Rev. S. Gregory Lines, Maria Howell Beck to Dr. William S. Dennett.

At the residence of the bride's mother, in St. Louis, on the 29th inst. Dr. Henry M. Whelpley to Miss Laura E. Spannagel. After August 15th Dr. and Mrs. Whelpley will reside at 2342 Albion Place, St. Louis, Mo.

DIETETIC TREATMENT OF BRIGHT'S DISEASE.

Chronic Bright's disease is divided into three well recognized forms: (1) Chronic parenchymatous nephritis; (2) Lardaceous disease of the kidney; (3). Interstitial nephritis. (1). The first form may begin insidiously as a chronic disease or may follow an acute affection. In either case the same rules of diet may be applied. As food an exclusive milk diet is generally considered to be the best, and the author would favor its employment, because it is easily assimilated, gives sufficient nourishment, produces less urea and flushes the kidneys with a large amount of fluid. When milk cannot in any way be taken, we are obliged to resort to broths and light farinaceous foods. As a beverage the author prefers pure spring water, of which several pints a day should be drunk. Pure or mildly alkaline water in large quantities is an excellent, unirritating diuretic. When milk is not well borne alone, it may sometimes be taken mixed with lime water, carbonic water, Vichy, etc., or as kumyss or peptonized milk. When milk is used pure it had better be unskimmed, unless it produces digestive troubles in which case it is best to skim it. From two and a half to four quarts are sufficient to prevent bodily loss. As a result of clinical experiments instituted by him, which he details and from the experience of others, the author believes that a milk diet notably diminishes the amount of albumen excreted by the kidneys. After a time an exclusive fluid diet may be productive of harm by causing an over dilution of the gastric juice and too great an excretion of urine, or the symptoms of anæmia or exhaustion. In such cases, especially if the amount of albumen be small, the exclusive milk diet may be supplemented by a certain amount of farinaceous or vegetable food. If even this diet becomes objectionable, a small amount of broiled or roasted meat must be allowed daily, taken at an early dinner. Alcoholic stimulants throw more work on the kidneys and increase the amount of albumen excreted. They are therefore to be avoided, except when called for by certain symptons, as exhaustion or the profound cerebral anæmia which so often accompanies uræmic symptoms. (2). The dietetic treatment of lardaceous disease of the kidneys depends somewhat on its cause. If it be phthisis, the diet is that appropriate for this malady, without special reference to the renal disorder. When the disease which caused the renal changes has disappeared, the diet should be that advised for chronic parenchymatous nephritis. (3) In the dietetic treatment of this form of nephritis we must endeavor to prevent the accumulation of urea in the blood and to make up for the loss of albumen. It is not possible to prohibit all nitrogenous food, but the amount allowed should be very small. Milk and cream should be given in abundance and the other articles of the diet supplied from the vegetable kingdom. In advanced cases an exclusive milk diet must be employed, and the milk may be diluted with Vichy, if necessary, to render it more palatable. Alcoholic stimulants should be avoided as far as possible except sometimes in the treatment of uræmia as stated above. The author closes his paper with a series of quotations of the views of various modern writers regarding the dietetic management of chronic Bright's disease.—*American Journal of Medical Sciences.*

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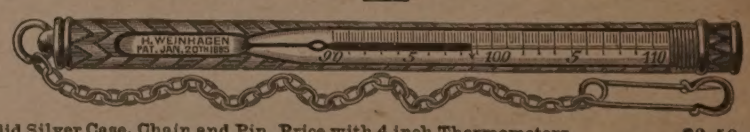

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BALTIMORE, MD., 8, November 1887. ORRAY T. SHERMAN.

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We have increased the size of the WEEKLY to TWELVE PAGES exclusive of covers. This increase is made to meet a growing demand for more space in our society and news columns and also to enable us to print more clinical reports than has been our practice heretofore. The rapid growth of our subscription list and the healthy increase in our advertising patronage, fully justify us in making this increase *permanent.* We have also made some changes in the typographical make-up of the Journal which we think a decided improvement. With these evidences of GROWTH and PERMANENCY, progressive physicians who desire to keep fully abreast of the times in matters medical, should send in their subscriptions without hesitation. The WEEKLY is here to stay and every physician sending us $2.00 will certainly get more than double his money's worth in good solid reading matter during the ensuing year.

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This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

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Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the original preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.*

NEW YORK BOARD OF HEALTH

About three weeks ago Dr. E. G. Janeway sent in his resignation as a consulting member of the New York Board of Health. His example was followed last week by Drs. Abraham Jacobi and T. Mitchell Prudden. All of these gentlemen resigned, it is claimed, because the Health Board is mismanaged, and because here, as in other departments of the city government, appointments and dismissals are made not so much with an eye to efficiency as to politics. The immediate cause of the resignation of the two latter gentlemen was the dismissal, practically speaking, of Dr. William A. Ewing, who occupied the position of Sanitary Superintendent, and who claims that his resignation was forced from him by political pressure.

It is unfortunate for the Health Board that it has lost three of its ablest consultants, but it is still more unfortunate that political influence should control this department of the city government. As has been shown during the past winter, New York, on account of the continual stream of immigrants landing here, is peculiarly liable to epidemic diseases, and it is due to the public that its Health Department should be kept up to the highest degree of efficiency, and that when any changes are made in it there should be a better cause for them than political "pull."

EDITORIAL ITEMS.

AN INTREPID WRITER in the *Medical Examiner* flies in the face of Providence and says that perhaps, far off in the dim future, human beings may be hatched by incubation from the female ovum. His idea is to catch the ovum in some clever manner by means of a new-fangled speculum, and transplant it to an artificial sac containing spermatozoa and retained in a blood-warm substance which can be supplied with proper nourishment and air during the stage of development. He does not say how he would catch the spermatozoa, but in this manner he hopes to relieve the daughters of Eve from the curse "in sorrow thou shalt bring forth children."

ACCORDING TO A San Francisco paper, there are no doctors' bills in Japan, where the ancient idea that the practice of medicine is a labor of love still survives. A Japanese doctor never dreams of asking a poor patient for a fee. There is a proverb among the medical fraternity of Japan, that "when the twin enemies, poverty and disease, invade a home, then he who takes aught from that home, even though it be given him, is a robber." When a rich man calls in a physician he does not expect to be presented with a bill for medical services. The strict honesty of the people make this unnecessary. When the doctor is through with his patient a present is made to him of whatever sum the patient or his friends may deem to be his just compensation.

A LONDON DOCTOR, who has no faith in Keeley, writes:

"Let those who are fighting against the drink demon put themselves upon an anti-alcoholic diet; let them abstain from flesh, fish and fowl, drugs and salt, and eat largely of ripe fruits, boiled milk, eggs, vegetables, whole meal bread, drink plenty of lemonade, hot and cold, taking strong coffee for a stimulent when required; bathe the body once at least every twenty-four hours in cold, warm or hot water, according to state of health; live in the open air as much as possible, and they will soon find new life and strength, new ambitions and joys, if they will but perservere and continually ask of Him who said: 'Take my yoke upon you and learn of me, for I am meek and lowly in heart, and ye shall find rest for your souls, for my yoke is easy and my burden light.'"

A BLOW UPON THE EAR FOLLOWED BY DEATH IN A WEEK.

Heiman reports the following interesting case: A soldier, aged twenty-one, had been struck on the left side of his face and ear, which caused severe vertigo. The blow caused severe hemorrhage from the ear, which, however, came on forty hours after the blow. The ear had previously at times discharged pus. The patient died delirious on the seventh day after the injury. The autopsy showed pachymeningitis interna purulenta diffusa, numerous small subarachnoid hæmorrhages, hyperæmia of the substance of the brain and its membranes, and circumscribed basilar meningitis. A decolorized thrombus was found in the superior longitudinal sinus, and dark-red thrombi were found in the transverse sinus and internal jugular vein. Three small openings were found on the inner surface of the pyramid which led to the tympanum. The upper surface of the mastoid was found sclerosed, and here there were several small softened areas containing pus and particles of bone. The tympanum and mastoid process were filled with thickened pus. In the mastoid were several large cavities containing pus. Pseudo-membranous bands were found in the middle ear, and the mucous membrane was ulcerated. There was a small perforation in the anterior part of the drum-head.

THE DRUG CLERK.

A red brocade sofa and a dim light in the room,
Two people sitting talking in the sombre twilight gloom;
The youth found sudden courage and kissed the maiden fair,
The maid was very angry and exclaimed "How could you dare?"

The youth raised up his finger and he pointed—that was all—
To where a family motto was hanging on the wall,
A motto done in worsted, and hung in plainest view,
Which said, "Do unto others as you'd have them do to you."

PATIENT.—Your fee is exorbitant. It didn't take you a day to do the work.

Doctor.—It is my regular fee. I am not charging you for time, but for the cost of my medical education.

Patient.—Well, give me a receipt for the cost of your education, so the next fellow won't have to pay for it too.

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While the most prominent use for the Hypophosphites of Lime and Soda is in the treatment of Consumption and Scrofula, in which its tonic and tissue-building properties render it particularly efficacious, yet it has other and quite varied uses, based upon these same properties. One of the most marked of these is its use as a tonic reconstructive in hot weather.

Many persons have fair health during the cooler months of the year, yet suffer greatly from debility during the long, hot summer. The relaxing effects of the heat itself, besides the loss of the salts of the tissues, through the excessive colliquative perspiration, prove exceedingly depressing to the vital powers. Not only is this condition of extreme debility very depressing in itself, but it also predisposes the victims to attacks of disease which they would otherwise be able to resist. Thus, during the heated term, we have a long list of protracted, exhaustive fevers, for the fatal issue of which the extreme debility of the patients is largely responsible.

In all this we may see another demonstration of the value of the phosphorus salts of lime and soda as tonic and vitalizing agents in the animal economy, and also a definite clue to the proper remedy for the condition described, as these tissue-salts are largely wasted in excessive perspiration. This remedy is the pure Hyphophosphites of Lime and Soda. By its tonic properties, refreshing, revitalizing and invigorating the entire system, it restrains the excessive perspiration, and the consequent waste is checked. But it also furnishes the system with healthy tissue-food to replace with new and vigorous cells the necessary waste incident to the ordinary physiological processes. Thus the system is kept all the time up to a prime condition of physical strength and mental exhilaration, and germs of disease find little encouragement for invasion.

It would be advisable that those who "do not bear hot weather well" should resort each year to a course of the Hypophosphites of Lime and Soda, and thus fortify the system against *certain* exhaustion and *possible* malignant disease. Direct them to put a teaspoonful of McArthur's Syrup occasionally in a glass of cold water, as a drink, and the "insatiable thirst" will be more easily relieved. Recommend this, also, to your consumptive and scrofulous patients, and those afflicted with diseases characterized by exhausting discharges and great debility, and they will report the summer as the most refreshing season they have ever pass d. The McArthur Hypophosphite Co., Boston Mass, will send upon request to any physician not familiar with McArthur's Syrup, a full sized bottle, by express, without expense, save the express charge; also, interesting matter about the value and uses of the Hypophosphites.*

NEWS AND MISCELLANY.

THE German Congress of Surgery will hold its meeting for 1893 at Wiesbaden.

THE Woman's Pharmaceutical Association of Illinois is planning to conduct a model pharmacy in the Illinois Building at the World's Fair.

THE *American Druggist*, the organ of Wm. Wood & Co., medical book publishers, of New York, has been sold by them to the wholesale grocery house of Thurber, Whyland Co., this city.

On Thursday the 28th inst., at Atlanta, Ga., the corner stone was laid to the Rossborough-Powell university, (the new name for the Southern Medical College). The new university is being built just opposite the Grady Hospital.

KATE MARSTON, who is interested in the project for organizing a leper colony at Vilisoisk, a town of eastern Siberia, has left St. Petersburg for the United States, where she will devote herself to raising funds for the establishment of the colony.

DURING the week ending June 18th there were reported in New York City 72 cases of diphtheria; 421 cases of measles; 100 cases of scarlet fever; 18 cases of small-pox; 8 cases of typhoid fever and 1 case of typhus fever. There were 844 births and 863 deaths.

CHOLERA IN PERSIA.—The mortality from cholera at Meshed, Persia, has reached 400 daily. The Persian government has placed a military cordon around Teheran. The Russian government is taking rigorous and extensive measures to prevent the spread of cholera into Russia.

DR. P. GARNIER states that, from 1872 to 1888, insanity increased in Paris by 30 per cent. In 1872 there were 3,080 cases of insanity recorded at the Central Police Office, and in 1888, 4,449 cases. The total number in Paris, from 1872 to 1888 inclusive, was 62,752 cases: men, 34,882; women, 27,770.

THE eclamptic convulsion resembles the epileptic, minus the cry. There are generally head, stomach and kidney signs and symptoms, of a premonitory character, confusion of intellection, drowsiness, tinnitus aurium, amaurosis, severe pain in pit of stomach, albuminous urine, and hyaline, granular and epithelial cast.—*Ford.*

THE first quarter of the year 1892, in New York State, showed an abnormally high death roll from local diseases. The Secretary of the State Board of Health for that State, makes an estimate that not less than 10,000 persons died there, in January, February and March, from epidemic influenza or from disease predicable upon that epidemic.

THE health of Nashville as shown in the mortuary report for the week ending May 28th, is remarkable for this season of the year and will compare favorably with that of any city in the United States. Of a population of 100,000 there were only four deaths among the whites and twelve among the negroes. In the latter list was mentioned the death of a man at the age of 108 years.

REPEATED CAESAREAN SECTION.—Korn, of Dresden, has practised Cæsarean section three times in the same person. No adherences were found; the cicatrix was absolutely linear and very superficial; the catgut used in the first operation, not being all absorbed, silk was used in the two others; there have been difficulties of menstruation. The uterine contractions during labor were always very painful, the pain being calmed by the use of morphine.—*Medical Abstract.*

TESCHEMACHER (*Berliner klinische Wochenschrift*,) reports a case which strikingly demonstrates that violent emotions can provoke considerable excretion of sugar in the urine. The author cites a child aged seven years whose urine had become entirely free from sugar in consequence of appropriate treatment. On being severely frightened, the urine at once showed 3.3 per cent. of sugar. This disappeared entirely in a week, under strict anti-diabetic diet.

POISONING BY ELECTRICITY.—The attention of electricians is drawn to a singular accident which occurred in Berlin. An electrical workman in testing his cells to see if the current was flowing, was in the habit of putting the two ends of the wires in his mouth. He gradually absorbed so much of the soluble salts of copper from the wires as to cause his death. The galvanometer is now substituted in the Berlin workshop for the rough and ready test formerly employed, the danger of which was not before realized.

A CASE of cerebro-spinal meningitis is reported by Stienon (Jour. de Med. Bruxelles) which was thought to be due to the location, in the cerebro-spinal meninges, of gonococci from a urethritis which was found to be present at the time. The occasional production of arthritis, peri and endo-carditis, neuritis, etc., from the presence of this micro-organism it is argued, favors this hypothesis, and permits the conclusion that while meningeal manifestations from gonorrhœal infection are very rare they are by no means impossible.

WHY WOMEN ENDURE PAIN SO STOICALLY.—Prof. Lambroso, an Italian physicist of distinction, declares that women are less sensitive to pain than men and actually feel less of it in given operations. Experiments on 100 women led to the conclusion that they were not more than one-half as sensitive to pain at the tip of the forefinger as the average man. The above is confirmatory of a well-known fact to surgeons and dentists. It is a wise provision of nature that the sex to whom pain is a birthright should enjoy protection from its shock and immunity from its sharpest pangs.—*Med. and Surg. Record.*

The American Laryngological Association held its Fourteenth Annual Congress at Boston, June 20, 21 and 22, 1892. The following officers were elected:—President Dr. M. J. Asch, of New York; first vice-president Dr. S. Johnson, of Baltimore; second vice-president Dr. J. C. Mulhal, of St. Louis; secretary and treasurer Dr. Charles H. Knight, of New York. Council, S. W. Longmaid, of Maryland; Fred L. Knight, of Maryland; D. Bryson Allen, of Maryland; Harrison Allen, of Maryland, and W. C. Glasgow, of Maryland. The next Congress will be held in New York the last Wednesday in May, 1893.

PRESIDENT SUITER (N. Y. Medical Society) referred all too briefly to the hydra-headed question of pauperizing medical charity. More than one-third the urban population of New York State are paupers, so far as medical treatment is concerned. The time is not far distant when, it such pauperizing continues, the population of New York will consist of millionaires and paupers who, like the degraded Romans, care for nothing but "bread and circuses." Pauperize the people in regard to medical aid, pauperization with regard to food and clothing soon results, and the omnipotent state is expected to provide everything.—*Med. Stand.*

THE CASTOR-OIL PLANT.—No sort of bird, beast, or creeping thing will touch a castor-oil plant. It seems to be a rank poison to all the animal world. Even a goat will starve before biting off a leaf, and a horse will sniff at it and turn up his upper lip as though it had the most detestable odor on the face of the earth. Army-worms and the locusts will pass it by, though they may eat every other green thing in sight; and there is no surer way to drive moles away from a lawn than to plant a few castor beans here and there. Even the tobacco-worm will refuse to be fed on its leaves. There is hardly another instance in natural history of a plant being so universally detested by the animal world.

RECENT CHEMICAL EXAMINATION OF SWEAT.—The secretion of the sudoriferous glands of both man and lower animals has been the subject of critical examination by Gaube. He finds that the sweat of man differs from that of the cow, horse, cat, dog and hog, by being acid in reaction, instead of alkaline, but fails to mention the nature of the acid. Gaube also finds digestive ferments in the perspiration of both man and the lower animals. He has separated a pepsin, an amylase and an emulsion. He terms these diastasic ferments "hidrozymases" and states that the sweat of man contains a larger proportion than the secretion of other animals examined. In the light of the recent investigations of ferments, it is not startling to discover them in any of the secretions.—*Medical Fortnightly.*

NOCTURNAL ENURESIS CURED BY EXCISION OF LUSCHKA'S TONSIL.—Koerner reports the cure of nocturnal enuresis in two girls, one nineteen years old, the other three years, following the extirpation of Luschka's tonsil, which in each case was considerably hypertrophied. This cure was immediate and complete. These cases, therefore, illustrate the important part that nasal obstructions may play in the pathogeny of nocturnal enuresis. The coexistence of hypertrophy of Luschka's tonsil and the nocturnal incontinence of urine of childhood (already remarked by Major, Ziem, Bloch, and Schmalz) is, however, so unusual that it is necessary to consider that without the existence of some predisposing weakness of the sphincter vesicæ, adenoid vegetations of the pharynx could not alone excite incontinence.—*American Journal of Medical Sciences.*

The second meeting of the International Dermatological Congress will be held in Vienna from the 5th to the 10th of September, 1892. Many of the most distinguished representatives of dermatology and syphilography from all countries have promised to present papers and the indications are that the meeting will be a great success from a scientific standpoint. The committee on organization, through the president, Prof. Kaposi, has extended a cordial invitation to the members of the American Dermatological Association and of the New York Dermatological Society and others interested in dermatology in this country to be present. The membership fee (five dollars) should be sent with titles of papers intended for presentation to the Secretary for North America, Dr. Prince A. Morrow, 66 West 40th Street, N. Y., or to the Secretary General of the Congress, Dr. Gustav Riehl, Wien 1-20, Bellaria Strasse 12.

At a recent meeting of the West London Medico-Chirurgical Society Dr. Hanfield Jones read a paper em bodying the results of a careful study of several hundred cases of dysmenorrhœa. He pointed out that while many cases came under the head of "neuralgic" and others of "inflammatory dysmenorrhœa, there remained a large group to which the term "cervical" was most applicable. Numerous cases were quoted to show that uterine retraction did occur in the onset of each menstrual epoch, and that dilatation of the internal os was always present. Though this opening up of the os internum was normally performed without pain, as in the analogous case of labor, yet it was clear that conditions frequently existed which rendered this dilatation painful and thus gave rise to menstrual suffering. Cases were brought forward to show how uterine displacement, fibroid change, spasm, and hyperæsthesia of nerve endings would all play a part in this process.

TUBERCULOCIDIN, OR PURIFIED KOCH'S LYMPH.

Dr. Rachel's Hospital Tests.

Ever since the introduction into this country in January last of the purified Koch's lymph, as prepared by Professor Klebs of Zurich, Dr. George W. Rachel, supervising physician of St Mark's Hospital, has been testing it. In an interview yesterday he said:

"The treatment of consumption with purified tuberculocidin, or Koch's lymph as purified by Professor Klebs, has been faithfully executed in St. Mark's Hospital in accordance with the rules given by its originator. The results so far have at least demonstrated a decidedly favorable influence of the improved lymph on the disease in question. The cough and the night sweats have markedly decreased in all the patients. I have treated altogether six patients so far.

RAN AWAY HALF CURED.

"One of these, John Masterson, 35, a compositor, was under treatment in St. Mark's Hospital for four weeks. The amount of tuberculocidin used in his case was a little over two grammes. This patient improved considerably. His night sweats disappeared and the cough and expectoration lessened materially. The tuberculosis processes in his lungs were very favorably influenced, and if he had not left the hospital clandestinely he would, I think, have been permanently cured. At the time of his admission to the hospital he had not been able to work for months. After the fifth injection the cough as well as the night sweats decreased considerably. I saw him about five weeks after he had disappeared, and during the five weeks he had been working more than half time and had gained eight pounds in weight. An examination of him showed that his left lung was not worse, while his right lung was almost normal.

"Two other cases are very similar, in the respect that the patients have been suffering from lung trouble for more than a year. They have been under treatment for over a month each, and have received 12 and 8½ grammes respectively of tuberculocidin by injections. They were both able to begin work by the end of last month, working a half day in the morning, and being out of doors if the weather permitted during the afternoon. They are both tailors, one of them a cutter, the other formerly an operator, now sewing by hand. The latter I treated with Koch's lymph in St. Mark's Hospital last year, and he was one of the few cases who improved at that time."

THE PURIFICATION DOES IT.

"Having used the tuberculocidin since January are you ready to give your opinion about its value as compared with Koch's lymph?" the doctor was asked.

"The answer I think is given by what I have told you about the cases treated," he replied. "Of course the number of cases is too small to generalize upon; still the results show that in a disease as dreadful as tuberculosis the tuberculocidin is always worth trying. As to a comparison with Koch's lymph, the tuberculocidin certainly has the great advantage that all deleterious substances, causing disagreeable and sometimes dangerous symptoms, have been removed by Professor Klebs' method of purifying the lymph."

"Do you consider this remedy the best for the treatment of consumption which has been discovered so far?"

"It is one of the best."

"Would you now prefer tuberculocidin for the treatment of consumption to any other remedy in your own practice?"

"Yes, though perhaps in some cases I should use it in combination with other remedies."—*N. Y. Press.*

VARICOCELE; OPERATION, RECOVERY.

Mr. J., *aet.* 27, of Little Rock, Ark., came under my care on account of a very large, left varicocle. His general health was much impaired; he was despondent and gloomy, and complained of aching in the testicles, and sexual impairment. He had been under the treatment of several physicians, but without relief. I recommended an operation, which was readily consented to; so, accordingly, April 10, I placed him under an anæsthetic, shaved and thoroughly scrubbed and disinfected the scrotum and adjacent parts. I then, subcutaneously ligated the veins, after which I applied a King's clamp to the greatly elongated scrotum, arranging it parallel with the raphe, being careful to draw the bag well up in the instrument, both anteriorily and posteriorily, so as not to leave an ugly pouch at these points. A liberal amount of tissue should be included in the clamp, as the liability is not to remove enough. The screws were then tightened, and the ligatures (silk) introduced through the holes or slots left for this purpose. It is better to introduce the stitches before the scrotum is cut away, as it prevents the possibility of the dartos retracting from within the grasp of the instrument an accident that is followed by a hemorrage and extravisation into its meshes. I have had this to occur twice, in both instances it becoming necessary to open the wound and secure the bleeding vessels. After the stitches were introduced, the scrotum was cut away with scissors and the stitches snugly tied, after which the clamp was removed, then with medium sized catgut the skin was nicely coaptated at every point. The wound was sprinkled with *Iodoform* and dressed with antiseptic gauze, which was not removed until the tenth day when the stitches were all taken out.

The recovery was uninterrupted and satisfactory; the wound healed throughout by first intention, and in two weeks the patient returned to his work. The scrotum now presents a most beautiful appearance, and excepting an induration at the point of subcutaneous ligation, everything appears natural. The general health is improved, the dragging pain is relieved, the despondency and gloom have departed and the patient wears an expression of happiness and contentment.—*W. E. Green, M. D., in So. Jour'l Homeop.*

MUTTERINGS OF AN UNDERTAKER.

"Put on airs, my beauties," muttered an undertaker, traveling on the elevated road. "Put on airs, but when I get you there won't be any airs, and one of you will look pretty much like the other."

A bevy of bright and haughty damsels had boarded the train at Twenty-eighth street and their bearing annoyed the undertaker.

"I tell you," he said, "when I bury them they all look pretty much the same. They don't sneer at the poor old undertaker, either. I never saw a proud looking corpse in my life, and I've buried thousands. No difference, sir! The millionaire in the ice-box and the pauper you couldn't tell apart. Put a President or a Senator in the Morgue and I defy any one to pick them out from the other people there.

"That's what I think always when I see people putting on airs. It doesn't worry me in the least. I remember the time when the undertaker will be laying 'em out and when a live newsboy will be worth fifty of 'em'—*N. Y. Herald.*

"What is the matter with the baby?" asked a lady of a little girl whose baby brother she had understood to be ailing. "Oh, nuthin' much," was the answer. "He's only hatchin' teeth.

BOVININE

A CONDENSED FOOD

PURE AND HEALTHFUL.

Since the successful "food show" held lately, in Boston, Mass., one can no longer doubt the fact that the people of this country are in earnest in their pursuit of knowledge regarding the kind of food that they eat. They are no longer content to take for granted every story that their grocer or butcher may choose to tell them, but show an earnest desire to examine and prove for themselves that what they purchase is pure and healthful.

One of the most energetic exhibitors at this fair was Henry T. Champney, manager of the J. P. Bush Manufacturing Company. Mr. Champney claims that he has discovered that which Ponce De Leon sought for, but failed to find many years ago. Not the fountain of perpetual youth, but something eminently more dear, and which has proved a most precious boon to mankind, *i. e.* Bovinine, which is the most readily absorbed and assimilated of all artificial food, inasmuch as it is disposed of at once in the stomach with the aid of the intestines, by a process approximating the transfusion of blood.

For purposes of nourishment and as a powerful aid in repairing the waste of living tissues in the body, Bovinine is rapidly taking the place of the so-called "beef extracts" being far better adapted to the most delicate patients. Consumptives, and those suffering from debility or an enfeebled condition of the system from any cause, derive great benefit from its use.

It contains more than twenty-six per cent. of soluble albuminoids. It is the only raw food in the world. During the last four months of his sickness, General Grant's food was Bovinine and milk, and it is said that from the use of this incomparable food alone that he was enabled to finish the second volume of his "Personal Memoirs"

Bovinine contains all the elements for the production of new blood with great rapidity. Its principal constituents have been selected with a view to furnish the largest amount of nutriment in the most condensed form, and all the resources of modern chemical analysis have been brought to bear on this important problem.

Bovinine makes new blood faster than all foods or preparations known, and if properly and promptly administered, will supply the body with the vitalized fluids so essential in expelling deleterious accumulations from the system.

The entire absence of insoluble matter together with its absolute freedom from drugs, minerals, acids, or alkalies, its uncooked state, in which it stands unique before the world, thereby presenting the vital extracts of the flesh of beeves in a raw or uncoagulated condition eagerly absorbed by the debilitated organs, renders it the most valuable adjunct to the remedial agents employed by the medical profession ever discovered.

Bovinine is prepared from thoroughly inspected cattle, great care being taken to have them free from pleuro-pneumonia and all other diseases. Twelve ounces contain the strength of twelve pounds of meat.

More than thirty thousand physicians in the United States, Canada and England have tested and prescribed this food during the last twelve months, and it has now come to be known as the standard preparation for the nourishment of infants, children and adults in every phase of sickness or disease, and it is relied upon to sustain the system in any pathological condition.

LYSOL IN GYNÆCOLOGY AND OBSTETRICS.

It must be confessed that but few if any drugs fully answer the requirements demanded of them. The majority either lack in efficacy or possess such toxic properties as to render them dangerous. Again, those that are useful and comparatively innocuous in therapeutic doses frequently leave us in the lurch just at such times as we most need their aid. So it is with antiseptics. The best are the most dangerous; the least poisonous are the least efficacious. Out of the long list of antiseptics at present in use we must regard corrosive sublimate, carbolic acid and creolin the most important in gynæcology and obstetrics. But even these are for various reasons far from being ideal antiseptics.

The requirements of such an antiseptic would be, as nearly as we can hope to realize them, as follows:

1. It must be easily soluble in water, and making a transparent solution.

2. Even in weak solutions it must act as a speedy and positive germicide.

3. It must be very slightly if at all poisonous to the human organism.

4. Its price must must be reasonable enough to permit of its general and free use.

5. It should have freedom from offensive odor.

In what way does lysol answer these requirements?

In the first place it is soluble in water in all proportions. The second proposition has been answered by the results of the investigations of Schottelius and Gerlach. They state that they have found solutions of ⅓ per cent. of carbolic acid, and 2 per cent. of creolin to be of equal efficacy as germicides. In creolin, however, the uncertainty of its composition renders positive experiments impossible. But the most recent investigations regarding the comparative strength of antiseptics show that the antimyzotic actions of carbolic acid and lysol are equal, and two or three times more active than creolin. Of course, as regards germicidal strength, bichloride of mercury always takes the lead, but on account of its dangerously poisonous and irritating properties should be replaced by an effective, safer germicide, especially for general use.

From the experiences of investigators abroad, and especially from the results obtained at Dr. Martin's Institute in Berlin, where the drug has been extensively tested, we are inclined to think that lysol is a near approach to an ideal antiseptic for gynæcological and obstetrical practice A most important contribution in this connection is an article by Dr. Pee in one of the last numbers of the *Deutsche Med. Wochenschrift*, which we freely draw upon.

The generally accepted and extensively used method of an aseptic cleansing designed by Furbinger necessitates a rather cumbersome apparatus—the washing and brushing with soap and water, rinsing with 80 per cent. alcohol, and the subsequent scrubbing in a 2 per mille solution of bichloride of mercury—three wash basins are required besides the necessary solutions, etc. In the often limited quarters of the lying-in room this paraphernalia is likely to prove very inconvenient. When we find that in a 1 per cent solution of lysol, we have an antiseptic that will render the hands of the operator, the instruments and the parts aseptic, at the same time a solution that can be made in any quantity with the greatest ease, we have surely gained something against which the slight objection of slipperiness of the solution need scarcely be considered.

Regarding the toxicity of lysol, Gerlach, Remochamps and Sugg, although experimenting separately, have arrived at the same results The minimal fatal doses for each kilo of body weight are as follows:

For carbolic acid, 0.3 grammes.
" creolin, - 1.1 "
" lysol, - - 2.3 "

To express this in other words: carbolic acid is eight times more poisonous than lysol, and creolin twice as poisonous as lysol.

These facts have been amply proven by the results of laparotomies, in which the merits of the drug have been clearly proven. Michelsen flooded the entire abdominal cavity with a ⅓ per cent. hot lysol solution, and did not observe even the slightest symptoms of poisoning. The same writer states that when using the solution of this strength for instruments, sponges, etc., most excellent results were obtained; the reaction of the peritoneum was remarkably slight, and rapid, uninterrupted healing occurred, so that the patients were able to leave the hospital within two weeks. The weak lysol solution has the advantage over sterilized water or the normal salt solution in that while being equally harmless it may abort a pre-existing infection. According to Pée, the only symptoms of irritation following the use of 1 per cent. solution of lysol were slight burning and itching of the skin.

The price of lysol is not much over that of carbolic acid, and considering that a 1 per cent. solution answers the same purposes as a 5 per cent carbolic acid solution, the comparative prices of these solutions would be as one to ten, in favor of lysol. This is a very important feature, especially in hospital and dispensary work; and the odds in favor of lysol are still further increased when we consider the comparative poor solubility and dangers of carbolic acid.

Dr. Pée reports that in the Berlin Obstetric Clinic lysol has been used in about 550 cases, including 300 cases of childbirth, 200 abortions, and the rest lacerations of the perineum, etc. In twenty-three cases of septic abortion, a removal of the septic matter followed by the use of a 1 per cent. lysol solution brought the temperature down to the normal within twenty-four hours. While it can not be said that in these cases lysol was the sole factor in saving the patients' lives, it must nevertheless be acknowledged that the uniformly excellent results when the drug was used speak eloquently in its favor.

The directions for the aseptic toilet with lysol are as follows: The hands and arms of the operator should be washed in one per cent. warm solution of lysol for two minutes and thoroughly scrubbed; the nails should then be most carefully cleansed, and the hands again washed in a similar solution for two minutes, during which an energetic use of the nail-brush should be practised. The previously dried and sterilized instruments should be placed in a half per cent. lysol solution. In cases of child-birth the patients' genitalia should be washed with a one per cent. solution of lysol and if the smallness of the parts or other condition indicates the probability of perineal rupture the pubic hairs may be shaved off.

Only when positively indicated, either by fever or fœtal discharge, should the internal genitalia be syringed or washed. After syringing or washing the vagina with lysol solution, contrary to carbolic acid or the bichloride, the natural slipperiness of the passage is not only retained, but possibly increased. Before the production of abortions, it is understood that the internal as well as the external genitalia should be cleansed with the solution.

Lysol is to be recommended for its powerful antimycotic properties, its relative freedom from danger, its easy solubility in water, its cheapness, and its remarkably convenient applicability; the odor is, however, unpleasant, and consequently a disadvantage.—*Medical and Surgical Reporter.*

REPORT OF FIVE CASES

In which other Treatment had been Tried and Failed.

By L. W. WHITNEY, M. D.,
of Chicago, Ill.

Case 1.—Mr. W——, aged 25, contracted Syphilis one year ago and came to me for treatment—put him on the remedies usually employed by the regular profession, and the case progresssd well for a while, when it became apparent that a change of treatment was necessary. As he began to lose appetite and flesh, I of course put him on tonics. Copper-colored spots showed plainly, Syphilitic nodes made their appearance, and in spite of all I could do they would not disappear. Ulcers formed on legs. About that time my attention was called to Verrhus Clemiana, and I at once put the patient upon it as per directions. Saw no change until he had taken two bottles, when the spots began to fade, the discharge from ulcers began to diminish, and from that time onward improvement was uninterrupted, and to-day the patient is to all appearances, well. Shall, however keep him on treatment for some time to come, to make assurance doubly sure.

Case 2.—Mr. R—— had been treated by a number of first-class physicians for the past two years, with no relief, for Eczema of the upper lip. Put him on Verrhus Clemiana with local applications, and he is nearly well.

Case 3.—Mrs. B——. Varicose Ulcers of leg of three years' standing. Healed under Verrhus Clemiana and Ichtyol in three weeks.

Case 4.—Mr. F——. Syphilis, contracted one and a half years ago. Has been taking Verrhus Clemiana for past four months, and is now well. Up to four months ago was under Mercury and Iodide of Potash.

Case 5.—Mr. D——. Syphilis, contracted some nine months ago. The treatment for five months had been Proto Iodide of Mercury. Copper-colored spots disappeared after the use of six bottles of Verrhus Clemiana, and the patient is to all appearances, well.

112 W. Madison Street.*

STERILITY IN THE MALE.

Dr. L. Seeligmann states (*Med. and Surg. Rep.*) that matrimonial sterility caused by the husband may be due to the following causes:

1. Impotentia coeundi.
2. Aspermatism.
3. Azoospermia.

Of these three causes of male impotency, the comparatively rare condition of impotentia coeundi, and the almost equally rare condition of aspermatism, we may pass these by and proceed to a consideration of azoospermia as the most frequent cause for sterility, or rather impotency, in the male.

Azoospermia, or a change in the ejaculatory fluid in which both quantitatively and qualitatively the semen is apparently normal, but in which the most important element, the spermatozoa are absent, can be caused by the following.

1. Stoppage of the vase deferentia in consequence of inflammation or traumatism.
2. Nutritive disturbances of both testicles:
3. Atrophy of the testicles:
a. After sexual excesses.
b. After long indulgence in onanism.
c. After injury to certain parts of the brain, especially of the cerebellum.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY William A. Hammond M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892*

BURGUNDIA COCA.
The Tonic of Tonics.
THE STANDARD FOR DELICACY AND EFFICACY.
J. MORNINGSTAR, Sole Agent,
48 PARK PLACE, - NEW YORK.

PRESCRIPTIONS.

DYSPEPSIA.

℞ Subnitrate of bismuth.
Sulphate of magnesia.
Prepared chalk.
Phosphate of lime aa 150 grains.

Sig.: Divide into 40 powders. One before each meal.—*Dujardin Beaumetz.*

Prof. Glasgow recommends for disease of the right heart with torpid liver, a pill made up of the following:

Digitalis, pulv. gr. ij.
Squill gr. ij.
Mass. Hydrag gr. ss

DIABETES.—Haig (*Wiener medicinische Presse*, No. 5, 1892) reports the complete disappearance of sugar on the 18th day of treatment, during which the following was taken every 4 to 6 hours:

℞ Natr. salicyl 0.6
Tr. nuc. vom. gtt. V.
Inf. gentian 30.0

Another case, showing 3 per cent. of sugar in the urine, recovered entirely after taking 1 gramme daily of the above for a month. Still another case, wherein the urine was loaded with 10 per cent, of sugar, and which had evidences of coma, experienced considerable improvement under the salicylate.

INFANTILE DIARRHEA.

℞ Aq. calcis ounces vj
Syr. rhei. arom ounce j
Tr. opii. camph ounce ss
Tr. cardem. co ounce ss

M. One teaspoonful often to children under one or two years, afflicted with sour stomach attended with diarrhea, vomiting. etc.—*Memphis Med. Monthly.*

CHOLERA INFANTUM—Holt.

℞ Naphthalini grains xx to lxx
Ol. bergamii gtt i-ij
M. Ft chart. No. xii.

Sig.—one powder every two or three hours.

J. Lewis Smith.

℞ Tr. opii deod gtt. xvj
Spt. ammon. aromat f dram j
Bismuth submit drams ij
Syr. simp f drams iv
Mist. cretæ f ounces iss

M. Sig.—Teaspoonful every two or three hours for a child of one year.

CHRONIC RHEUMATISM.

Dr. Staple esteems a mixture thus composed:—

℞ Potassii bicarb., gr. xv.
Potassii iodidi, gr. iij.
Tinct. hyoscyami, *mx.*
Spirit. chloroformi, *mv.*
Infus. gentianæ, f ℥ ss.

M. Sig.: Ft. haustus, ter in die.—*Hospital Gazette.*

Respiratory difficulties of nasal origin in children one year old, Lubet-Barbon:

Boric acid, 1 part.
White vaseline, 5 parts.

Dip a brush in the mixture and introduce well into the nostril.

FOR OTORRHEA.

℞ Acid. boric ʒ ijss.
Glycerini, Aquæ } aa f ℥ j.—M.

S.—Instil a quantity sufficient to fill the auditory canal three or four times daily

CHRONIC GASTRIC ULCER.

℞ Creasote, *miv.*
Aquæ, ℥ vj.

M. Sig.: Tablespoonful four times a day. —*Niemeyer*; *Maritime Med. News.*

HERPES PRÆPUTIALIS.

A dusting powder employed by Besnier is:

℞ Acid. tannic. pulv grams 5.
Bismuth. subntir gram 1.
Amyli grams 100.

HEREDITARY SYPHILIS.——Hutchinson.

℞ Iodide of potassium grain ss
Sol. of bichloride of mercury minim x
Spirits of wine minim xv
Water dram i

M. Sig.—Such a dose to be taken three times daily.—*Courier of Medicine.*

TYPHOID FEVER.

℞ Acid. carbolic dram ss
Chloroform ounce j
Gum acacia dram j
Syrup, q. s ounces iv

M. Sig.—Teaspoonful three or four times daily. If there is a tympanitic condition of the bowels, it dissappears at once.
—I. J. Bush, M. D., *in Med. Ann.*

INJECTION FOR GONORRHŒA—

Dr. E. Stuver in *Therapeutic Gazette* gives the following as having yielded good results:

℞ Hydrargyri bichloridi gr i
Hydrogenis peroxidi sol, fl ʒ ii
Aquæ q. s. ad fl ʒ vi

M.—Sig: Inject after urinating, two or three times a day.

THERAPEUTIC NOTES.

CAMPHOR MONO-BROMIDE has been found efficacious in cases of *spermatorrhœa* where all other remedies had failed.

LITHIUM BENZOATE, in 5-grain doses, has been highly lauded in *Lithæmia* with constant backache, sometimes circumscribed and painful urination.

BRYONIA TINCTURE, in 5-drop doses four or five times a day, is recommended by Dr Boldt as a simple and efficient remedy in *irritation* of the vesical neck.

THE COMPOSITION OF CARLSBAD SALTS.—According to Kubel (*Arch. Pharm. and Chem. News*), this salt should consist of crystalized sodium sulphate, 55.556 per cent.; potassium sulphate, 1.11; sodium choloride, 10; sodium hydrogen carbonate, 33 33 per cent. The specific gravity of a solucion of 25 grams of the anhydrous salt in 200 c. c. of water, or of 45 grams of the hydrayted salt in 200 c. c. of water, should be 1.1037 at 15° C.

YEO (*Lancet*, Nos. 3528 and 3529, 1891) has recommended free chlorine as the best agent for the antiseptic treatment of typhoid fever. Forty minims of pure hydrochloric acid are added to thirty grains of potassium chlorate in a flask and chlorine permitted to generate. In two or three hours, water is gradually added, and the tightly closed flask is thoroughly shaken. Then sufficient water is added to make ten ounces. The result is an almost perfect solution of chlorine. To twelve ounces of this solution are added from twenty-four to thirty-six grains of quinine hydrochlorate and an ounce of syrup of orange-peel. In accordance with the severity of the case, an ounce of the solution may be administered two, three, or four times a day.

ON THE SURGICAL TREATMENT OF BASE DOW'S DISEASE.

In the "Deutsche med. Wochenschrift, 1891," two cases are described by Lemke. One was completely cured, and the other was so markedly improved, that he was enabled to return to work. Six and seven months respectively have intervened between the operations and the time of publication. The first was a young man, seventeen years of age, with cardiac palpitation, exophthalmus and a large goitre. Sudden attacks of suffocation led to tracheotomy. An unsuccessful attempt was made to open the inferior portion of the trachea. As the patient was in the meantime becoming asphyxiated, the thyroid was split, cricotomy performed, and a canula inserted. After eight days the left half of the gland was extirpated. The exophthalmus disappeared. Seven months later he was in good health, the right half of the thyroid was diminished in size, the pulse was regular, and normal in frequency, and the prominence of the eyes had subsided. He was able to attend to his duties as a painter without interruption.

THE TREATMENT OF INVETERATE MASTURBATION AND ITS SEQUELAE—SPERMATORRHŒA AND IMBICILITY BY INFIBULATION.

About six weeks ago a young man was sent to me by a professional friend in the country for treatment. The antecedants of the patient revealed an early and frequent self abuse for over ten years. When at last he realized the damage of the practice to his general health, the patient earnestly tried to shake it off. In his effort at reform he was successful. But then a new trouble arose, being frequent nocturnal seminal emissions, which proved to be a source of general and mental debility. In this state he presented himself at the first of our meeting. In conversation he appeared listless and indifferent. Simple questions had to be repeated before they were understood by him. and answers or questions from him qualified a low intellectual standard by no means in keeping with his fair education or with his age, approaching to the twenty-third year. His eyes were without lustre and expression, his color sallow, appetite morbidly inereased, stools rather sluggish, but sleep interrupted once or twice every night by pollutions. The circulation was normal; the heart's action and the pulse, however, being without due force. Micturition frequent, somewhat hesitating and sore at the start.

The latter symptom suggested some trouble in the prostate gland, which was affirmed by exploration of the pelvic cavity. I found the gland slightly tender, firmer on pressure and moderately enlarged. The penis of the young man is rather diminutive for his age. Obviously there was *subacute proctatitis* in all probability the *result of excessive masturbation*, and now *furnishing the cause of copious loss of the spermatic fluid.*

The course of treatment was very plain, to wit: *the reduction of the glandular inflammation.* For this purpose I ordered five leeches applied to the perineum. ung. hydr to the same locality, the frequent introduction of ice suppositories into the anus, abstinence from female company and lewd literature, the regular evacuation of the bowels, and clearing of their contents by glycerine injection on going to bed. The diet of the patient was to be bland and nutritive, to the exclusion of stimuli; but after 6 o'clock at night no drinks of any kind were allowed, to obviate a copious collection of urine in the bladder and its pressure upon the seminal apparatus in recumbency. Knowing, however, the slow action of such remedies and dietetic discipline in glandular inflammation, and recognizing the necessity of promptly arresting seminal losses, I at once proceeded to establish *infibulation.* This is an operation which I introduced nearly forty years ago, for the purpose of stopping masturbation and its morbid consequences—seminal losses. The operation is very simple and almost painless. A small trockart is transfixed thruough the prepuce, the stiletto withdrawn and through the tube a proportionately small wire of lead is inserted, then the tube likewise withdrawn, and the wire twisted and left. In urgent cases, as the present one, I generally insert two such loops, in exactly opposite parts of the prepuce. They remain in that position for three or four weeks without irritation to the part. But the moment the penis gets into a state or orgasm, then and not otherwise the loops give sharp pain, and thus either promptly arouses the sleeper or renders masturbation rather too painful to be enjoyable by the habitue.

The result of infibulation in the present instance has been as satisfactory as could be wished for. The patient has slept seven hours more or less, at times when he awoke relieved his bladder and continued his repose. Only very recently the patient had the first *wet dream.* Finding the loops too easy for the intended purpose. I removed and reinserted them in new places. From past experiencee I expect no further trouble in the case. In order to render the expected recovery of the patient beyond doubt, I have added galvanism, the annode being applied directly to the prostate.

As already mentioned I have successfully followed this treatment for years in a number of cases. Its efficacy enables me to recommend it to my medical brethren without fear of reverse.

A rather advanced case of downright idiocy was thrust upon me about thirty years ago while a resident of Brooklyn. A young German had served as an apprentice, and subsequently as clerk, in a grocery business to the fullest satisfaction of his employer. From a certain time onward his whole demeanor changed, becoming inattentive, forgetful and careless. When reproof failed he was discharged. The idiocy advanced so rapidly that his relatives sent him to Bloomingdale, asylum. There being no indication of improvement

TO MEDICAL AUTHORS.

A physician, with 20 years experience as a writer for and editor of medical general, scientific and lay periodicals, offers CONFIDENTIAL ASSISTANCE. in preparing manuiscrpts, books, articles, lectures, translations and everything else connected with publishing.

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236 West 51st St.,
New York.

Apioline-Chapoteaut.

The true active principle of parsley.
For regulating and relieving painful or difficult menstruation.

Referring to his clinical results, Dr. Grumbine says :—

In two obstinate cases of Dysmenorrhœa, Apioline gave most favorable results, it not only eased the pain but increased the flow.

A case of Amenorrhœa in which I have tried it, is specially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years! I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it, as often as I have cases demanding the same." May 19, 1892. Cincinnati.

Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulant to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhœa, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nisus.

In prescribing, care should be taken to write the word Apioline in full.

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On January 24th I was summoned to a young lady, whom I found to be suffering great pain over the region of the bladder. She told me she had been troubled for a long time with irritation about the orifice of the urethra, which she relieved by rubbing the part with the rounded end of a hair-pin; and that while in bed that morning the pin had slipped from her finger. She did not mention the circumstance to anyone, but got up and went about her duties as usual, though suffering intensely; till, being unable to bear the pain any longer, I was sent for about 4 p. m.

Upon examination, I felt the pin in the bladder distinctly, but after trying for an hour I was unable to seize the end with forceps. I then introduced a large-sized sea-tangle tent into the urethra, which well dilated it, and attempted to get hold of the pin with a larger pair of forceps; failing in which I tried also with a hook unsuccessfully. Chloroform was administered and I was able to introduce my finger into the bladder without doing much damage to the urethra, when I felt the pin lying obliquely in the bladder, the points sticking into the mucous membrane. Upon freeing these it was possible, by pressing them together, to remove the source of the trouble without the aid of a contracting bladder. She had a very acute attack of cystitis, with purulent discharge, which, however, got well quickly under ordinary treatment. There was some incontinence of urine for a period, but she soon recovered perfect control, and made a good recovery.

Such an accident, I am well aware, is not of rare occurrence; but it is one which, when it does take place, not unusually gives the surgeon a great deal of trouble. Some authorities recommend sudden rupture rather than gradual dilatation of the urethra; but in these cases the results of the latter were most satisfactory, and should I have another case of the kind to deal with, I would certainly resort to gradual dilatation and manipulation with the finger, without the use of any instruments.—Dr. Stamford, in *Brit. Med. Jour.*, May 14, 1892.

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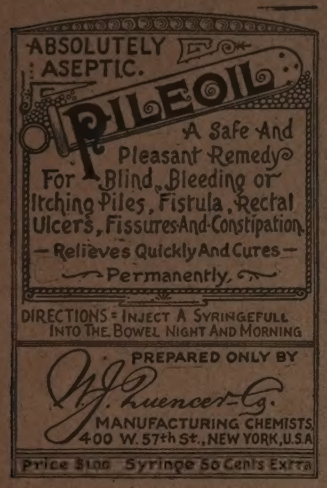
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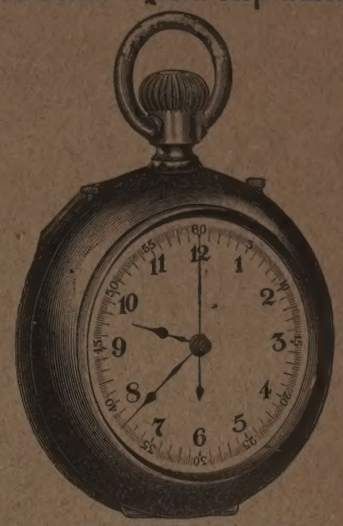

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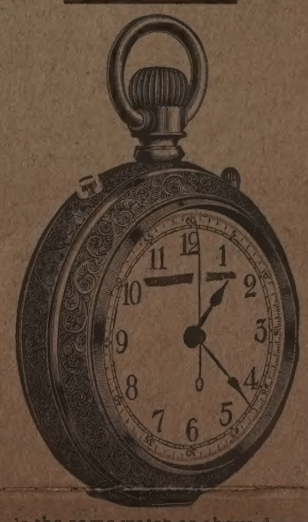

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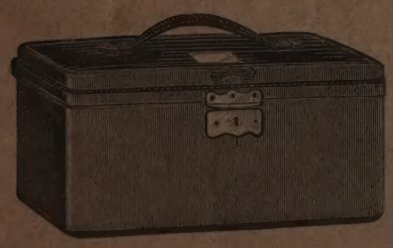

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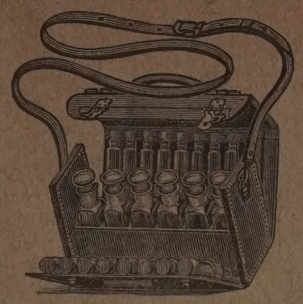

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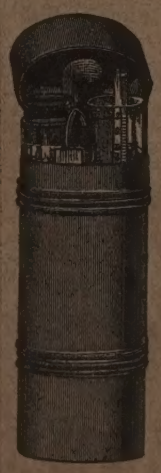

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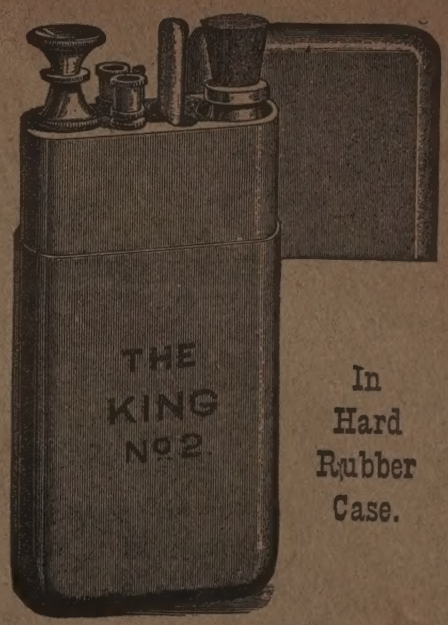

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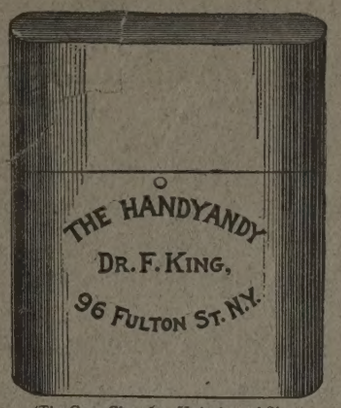

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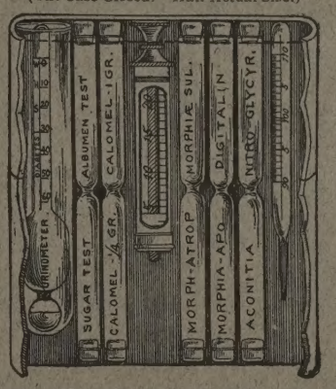

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